



Docket No.: M4065.0210/P210
(PATENT)

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AP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Sam Yang, et al.

Examiner: Hoa B. Trinh

Application No.: 09/588,008

Art Unit: 2814

Filed: June 6, 2000

For: A CAPACITOR FOR A SEMICONDUCTOR
DEVICE

AMENDMENT IN RESPONSE TO AFTER-FINAL OFFICE ACTION

Commissioner for Patents
MS: Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is in response to the Office Action dated December 28, 2004.
Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. M4065.0210/P210
Application No. 09/588,008-Conf. #9015	Filing Date June 6, 2000	Examiner Hoa B. Trinh	Art Unit 2814	
Applicant(s): Sam Yang, et al.				
Invention: A CAPACITOR FOR A SEMICONDUCTOR DEVICE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	32	- 96 =	x	0.00
Independent Claims	2	- 5 =	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: March 23, 2005				
<p>Thomas J. D'Amico Attorney Reg. No.: 28,371 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232</p>				